

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16						
17	1					
18		1				
19		1				
20		1				
21	1					
22	1					
23	1					
24	1					
25	1					
26	2					
27	2					
28	2	1				
29	2					
30	2					
31	2					
32	2					
33	2	2	(2)			
34	1					
35	1	2	(2)			
36	2	2	(2)			
37	1					
38	1					
39	1	2	(2)			
40	1					
41	1					
42	1					
43	2					
44	2					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	3	2	2	2	2	2
TOTAL DEP.	20	20	20	20	20	20
TOTAL CLAIMS	23	23	23	23	23	23

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55	-	(2)				
56		(2)				
57	(1)	2				
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		4				
TOTAL DEP.	45	20	20	20	20	20
TOTAL CLAIMS	49	23	23	23	23	23

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS